



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#4/P
7-23-03

APPLICANT: Hoffman et al.
SERIAL No.: 09/924,862
FILED: August 8, 2001
FOR: ELEMENT SLEEVE

RECEIVED
JUL 18 2003
TC 1700

ART UNIT
1745
EXAMINER:
Cantelmo, Gregg

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement dated June 25, 2003, applicant responds
as follows:

I certify that this correspondence is being deposited
with the United States Postal Service as first class
mail in an envelope addressed to: Mail Stop Non-
Fee Amendment Commissioner for Patents,
Alexandria, VA 22313-1450

14-July-2003

(Date of Deposit)

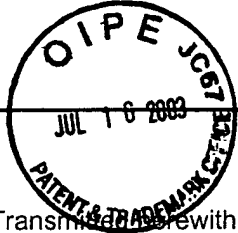
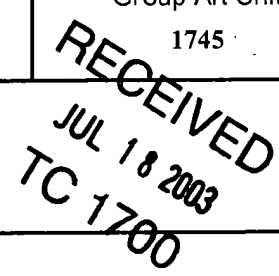


BRENDA D. CHAMBERS

(Name of Person Mailing Paper)

Signature

Date

1745

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DP-304542	
Applicant(s): Hoffman, et al.					
Serial No. 09/924,862	Filing Date August 8, 2001	Examiner Gregg Cantelmo		Group Art Unit 1745	
Invention: ELEMENT SLEEVE					
 					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	26 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0831</div> <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div> <div><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
<div> Signature</div>			Dated: 14-July-2003		
Jimmy L. Funke Reg. No. 34,166 Customer No. 22851 P.O. Box 5052 M/C 480-410-202 Troy, MI 48007 Phone: 248-813-1214			<div>I certify that this document and fee is being deposited on <u>14-July-2003</u> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div> Signature of Person Mailing Correspondence</div> <div>BRENDA D. CHAMBERS Typed or Printed Name of Person Mailing Correspondence</div>		
CC:					